



RxPads Signature Confirmation Form

Kentucky

To: Filerx.com

Fax To: 800.893.0177

Email To: info@filerx.com

Phone: 800.307.7717

From:

Date:

ORDER NUMBER:

Per Kentucky Requirements and Qualifications:

All prescription orders for the State of Kentucky must be accompanied by a signature, date, and printed name of one of the prescribers printed on the pad. If blank stock, the signature must match the provider's DEA that was supplied to us on the order.

Please note we cannot process your order until this is received by fax, email, or mail. Thank-you

Prescriber's Name (Printed)_____

Prescriber's Signature_____ **Date** _____